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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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*OK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>9/16/05</i>		

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## TITLE

Medical manipulator

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